

BROAD PFA: RESEARCH PLAN TEMPLATE

RESEARCH STRATEGY

A. Specific Aims

African American/Black (AAB) children are half as likely as their White, non-Hispanic peers to receive mental health services. School-based mental health (SBMH) addresses key barriers to accessing services for AAB youth^{1,2} and offers a unique opportunity to reduce their unmet mental health needs. Increasingly, families, stakeholders, and policymakers have called for implementing universal mental health screening in SBMH to identify all students with needs³, particularly AAB students with disproportionate service receipt⁴. Evidence from systematic reviews indicates that universal screening in SBMH effectively identifies students with unmet mental health needs⁵ and across grades and demographic subgroups⁶. However, even after students' mental health needs are identified, unrelated factors, such as educators' racial biases and understanding of underlying mental health needs, determine referral to mental health services⁷⁻⁹. School personnel disproportionately attribute AAB youth's behavior problems as disciplinary issues rather than intervention needs, interfering with linkages to indicated services¹⁰. AAB students are suspended from school at disproportionately higher rates than peers from other racial/ethnic backgrounds, leaving them without access to SBMH resources that may help address any underlying issues^{11,12}. This is the problem repeatedly identified by AAB families and other stakeholders, including those who participated in Co-I Weist's PCORI Engagement Award, focus groups we conducted to prepare this proposal, and the study's Patient and Stakeholder Advisory Board (PSAB) (RQ-5, PC-1). They recommended educators learn to identify AAB youths' behavioral and mental health needs early, provide intervention (rather than punitive discipline), and reduce their racial biases thought to underpin this disparity. Enhancing SBMH with universal screening addresses these families' recommendations for early identification, yet its effects on AAB students' gap in unmet need and disproportionate experience of discipline has not been empirically examined (RQ-1). Evidence from observational studies, including our own, suggest SBMH will need to be enhanced with more than screening to overcome the barriers to increasing intervention referral, receipt, and decreasing discipline.

"If he has that school based counselor, instead of you talking to him as principal, send him there, let her or him talk to him and let them do something about it instead of you just throwing him out of school and then he's not getting the help and he's going to act out more."

We will fill this critical gap in evidence by evaluating the comparative effectiveness of SBMH enhanced with screening to a package of equity enhancements implemented with screening in SBMH (RQ-1, 5). The proposed study is a 2-year, 2-cohort, cluster randomized trial examining impact on 3,022 AAB children with identified mental health needs, families, and 202 educators in 40 elementary schools of two school districts. In a hybrid type 1 trial¹³ with intervention and randomization at the school level, we will address the following study aims, and expect the following associated student (Aims 1 & 3) and school-level (Aims 2 & 3) outcomes:

Aim 1. Compare the effectiveness of the SBMH delivery system enhanced with screening (S-SBMH) to the SBMH delivery system with Equity-Enhanced Screening (EES-SBMH) on primary study outcomes, including AAB children's referral to and receipt of SBMH services, and disciplinary encounters. We hypothesize that AAB students with identified mental health needs in the EES-SBMH condition will experience increased referral to and receipt of SBMH services, and decreased disciplinary encounters compared to those in the S-SBMH condition.

Aim 2. Compare the impact of EES-SBMH to S-SBMH on intermediary variables hypothesized to cause change in primary outcomes, including school intervention team members' unconscious racial biases and mental health literacy. We expect that school intervention team members' racial biases will decrease and mental health literacy increase in schools randomized to the EES-SBMH condition compared to those in the S-SBMH condition and that these effects will mediate any treatment effects detected in Aim 1.

Aim 3. Evaluate trial results by examining factors affecting variability in treatment effects and any unanticipated effects in a mixed method process evaluation and comparative analysis. We expect results of Aims 1 and 2 may be moderated by contextual factors, including school team members' tenure on team, school pre-intervention suspension rates, and racial/ethnic and SES composition of each school's student body. EES-SBMH also represents a multicomponent health intervention being implemented in real-world settings, and thus we also expect variability in treatment response to relate to quantitative and qualitative measures of fidelity and other implementation outcomes (i.e., exposure/dosage, adherence, reach, acceptability).